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ABSTRACT

A conceptual framework that health communication educators can follow to effectively employ the medium of closed-circuit television (CCTV) in assisting patient education activities is outlined in this paper. The argument is posed that the patient population is not a homogeneous group; therefore, those involved in designing pedagogical strategies should tailor programs to the appropriate audience member if health information programming is to be a significant means of communicating to individual patients. A three-page list of references concludes the paper. (DF)

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Using Closed-Circuit Television as a Teaching Tool: Implications for Health Communication Educators

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Abstract

This paper outlines a conceptual framework which health communication educators can follow to effectively employ the medium of closed-circuit television (CCTV) in assisting patient education activities. An argument is posed that the patient population is not a homogeneous group, therefore, those involved in designing pedogogical strategies should tailor programs to the appropriate audience member if health information type programming is to be a significant means of communicating to a demassified audience.

Using Closed-Circuit Television as a Teaching Tool: Implications for Health Communication Educators

Research on television over the last 20 years has largely focused on the commercial or public broadcast domains, rather than investigating television transmitted along cables or closed-circuit telecommunications. However, as Alvin Toffler (1981) writes, our society is changing from an industry-oriented based economy to a technological base where mass media production will be challenged by smaller, more specialized informational networks and channels. Toffler asserts that this idea of "demassification", that is, providing information for specifically targeted audience groups or individuals, is the wave of the future in instructing, educating, and promoting viewing. Williams (1982) concurs: "The wired society notion so bandied about in the 1970s is becoming a reality in the 1980s and 1990s...we are witnessing a whole new range of program material, audience members, and services" (pp. 53, 55). As a result of this growth in the communications industry, this new wave requires a totally new thinking process when planning our communication strategies. New media technologies are spreading up across this country and all over the world, yet their applications and effects are barely understood as the pace of their invention is difficult to keep up with. On the other hand, efforts are beginning in the study of these revolutionary changes in communication tools. This paper will present one example of such a development that has gone unaddressed in most of the communication education literature. As professionals interested in designing optimal pedogogical strategies, learning the potentials and resource for innovative teaching aids is ever so great. Hence, this author will discuss the major conceptual

underpinnings of a relatively revolutionary method of transmitting messages to a particular audience, i.e., closed-circuit television (CCTV) to hospitalized patients. New trends in employing this medium in health care institutions and how communicators working in these settings can maximize the utility of CCTV will also be described.

Despite its recency, closed-circuit television in hospitals is a pervasive phenomenon. According to the American Hospital Association, 15 percent of 3,400 hospitals surveyed in 1978 provided some kind of informational programming using a closed-circuit channel. Squyres (1981) has noted that this figure has nearly doubled since that time. What is known to date about the actual mechanics and technical aspects of hospital-based CCTV technology has been published widely in trade journals (Connell, 1981; Guest-Lee, 1979), however, a clear delineation of the psychological, sociological, economical, and educational impact this method has had on hospitalized patients, their families, physicians, nurses, administrators, medical students and a host of other non-clinical staff has been largely ignored on the national level.

A plethora of studies have determined the effects of commerical television on children, for example Bandura, Ross & Ross, 1963; Ellis, Vincent & Jones-Webb, 1982; Friedrich & Stein, 1973; Myers-Walls & Coward, 1981; Rubinstein, 1978; Singer & Singer ,1979), but only one study to date (Guttentag, Albritton, & Kettner, 1983) has begun to look at this same question as it relates to pediatric patient's viewing of CCTV programs. Worobey and Worobey (1982) have sought to examine the prosocial uses of CCTV on families in hospital facilities and the myriad of functions it performs beyond the provision of pure entertainment. It is not the

intention of this paper to consider all the social uses that television has on its audience, however, it is appropriate to describe some of the many ways CCTV may be used in educating patients.

As mentioned earlier, CCTV is routinely used as a tool for instructing nurses (Worobey & Worobey, 1983); medical students (Danna, 1980); and nonclinical staff (Richards, 1983) as well as other medical professionals. Most of the interest in educating patients stemmed from the adoption of the Patient Bill of Rights by the American Hospital Association in 1968 where funds were appropriated so that innovative and efficient methods for educating hospitalized patients could be invented (Eastman & Regen, 1984). Evolving out of this legislation came the unique approach of educating patients by CCTV. What follows is a taxonomy for health care communicators to better understand the social uses of CCTV and how programs may effectively be scheduled so that audience members will receive the maximum benefits from its use. This is not to say that CCTV should replace instruction by nurses, physicians, and other allied health care professionals, but that it should be used as an alternative method of instruction, i.e., to provide information about specific health care matters, such as preventive medicine, complicated diseases, etc. Most importantly, communication educators need to realize that audience analysis is crucial to the successful operation and receiving of the message. Even though patients seem a homogenous group, their needs and desires are varied depending on what particular subculture they belong to in the hospital.

Medical Surgical Patients

For many patients, the hospital can be a lonely place since family members are not usually permitted to visit at all hours of the day and the

amount of interaction occurring in other inter- personal relationships is infrequent. For example, many of those hospitalized are too ill to communicate or simply are located in a private room and have no one to converse with. Furthermore, an unexpected event such as a sudden or extended illness is stressful for the patient who is fearing the unknown whether it might be the status of their condition, the anticipation of a diagnostic test, or simply trying to maintain family solidarity. Any means for facilitating the reduction of the displayed apprehension is undoubtedly helpful in the final recovery of the patient. Cardone (1980) underscores this point-- reducing apprehension that the patient may have about his or her illness is really one of the most important goals of a health communication expert. To assist in reducing the apprehension of individuals undergoing surgery, for example, patients can telephone from their room and request a program on "Orientation to Surgery", which describes how the actual operation will be performed. The flexibility that CCTV provides in allowing the patient to call up and request a particular program speaks for the potential of the system as a regulator of time and activity, not to mention the amount of information he or she will consume watching the program. O'Hair (1982) has found that patients undergoing surgical procedures typically prefer a high amount of information before consenting to the operation. Rubinstein (1983) underscores this point in arguing that television effectively helps viewers cope with the fear of surgical procedures. Moreover, the patient may come to be more knowledgeable on the subject matter leading to easier communication with a doctor or nurse for any unanswered questions.

Pediatric Patients

That some type of social learning takes place with the use of CCTV has been shown in the preceding example. However, CCTV has also been used to alter children's behavior, by presenting puppet-show skits for helping the young patient cope better with such problems as sibling rivalry, shyness, or the divorce of their parents (Bull, Lindquist & Schroeder, 1980). Patients of adolescent age might be shown a program on drug abuse or drinking and driving. The magnitude of the medium does not need to be limited to health delivery information; it can also have the purpose of persuading while disseminating important messages that can be followed up by staff educators. An example of this is at a children's hospital in Canada. Everyday a program including stories, games, magic, and an "ask the Doctor" segment is broadcast live to the patients. What is different about this particular program is that two hosts visit each patient in order to establish personal contact and to collect information, messages, or belongings that the children want to see on the program. Essentially, the information gathered during these visits serve as the script and props for the broadcast (Waldner et al., 1983). By having the children assist in the production of the show, it is thought that children will feel more committed to viewing and also believing what is being presented. Obtaining a child's interest in viewing a health related program and keeping his or her attention is a difficult task; this method may facilitate communication educators in reaching this goal.

Obstetric/Gynecological Patients

Specific programming for mothers hospitalized on the obstetrical/ gynecological floor is also imperative. Many hospitals in the United States broadcast programs on family planning and child development. The

following gives a few instances as to why these genre of programs are appropriate.

A mother who has just given birth to her fourth child, free of abnormalities, may be contentedly recovering from delivery, but if she is approaching age 40, she many be concerned about the risks inherent in future pregnancies. Rather than having a nurse provide this type of sensitive information, CCTV can essentially provide the basic information which can later be discussed with a nurse, physician, or her husband. By requesting a tape on genetic counseling or amniocentesis, she may be better able to confront her own feelings and articulate them to her spouse. Watching the program with him should serve as a springboard for a discussion that might not otherwise surface.

For the mother who has just delivered, an array of programs on newborn care should be available. But taping of the individual newborn behavior and how parents and their babies interact can make it easier for new parents to care for their baby at home. Dolby, English & Warren (1982) for example, videotaped an examiner's assessments of preterm infants. By showing the program to the parents and discussing it, the researchers succeeded in increasing the parents' positive response to their neonate. This type of channel is called a discrete channel since opposed to an informational channel, it directs specific health programs only to "prescribed" patients, whereas the latter provides general health programs to all patients (Eastman & Regen, 1984).

As a support system for women about to give birth, a procedure has been developed whereby friends or family members can participate in the process of labor and delivery regardless of prior preparation or training

(Bulger, 1982). By viewing a twenty-minute program on child birth in the waiting room of the labor area, any friend of the soon-to-be mother can serve as an apprentice-coach by holding her hand, giving verbal encouragement, or even by helping the nurse to guide her in breathing exercises.

Longterm Care Patients

For the patient whose illness requires a lengthy stay in the hospital or who may be chronically ill, CCTV can coordinate a continuing education program with universities; with the technology of satellite transmission, this is now possible. Because this type of telecommunication can accomodate connections from any two points in the United States, hospitals can coordinate with a multitude of other hospitals and academic institutions. Although relatively few hospitals are employing this satellite-delivered programming, Richards (1983) reports it is simply a matter of health care facilities deciding what their priorities will be. With the new Diagnotisis Related Group third party reimbursement plan now taking effect, whereby the payment by Medicare patients is on a per-case payment system, some hospitals will be looking to cut back in travel and educational expenses. Hence, CCTV-satellite transmission will be helpful for meeting this purpose as well as providing a variety of cable broadcasts. Educational seminars and courses for patients to receive college credit are therefore a realistic possibility.

Conclusion

That CCTV may force hospitalized patients to identify or think about their medical condition is its most compelling justification for health care communication educators. This author has argued that commerical

television in a hospital context may maintain its function as entertainment programming, but CCTV should focus most of it's attention on health education. It has been found, however, hospitals have found that patients enjoy participating in interactive (e.g., "bingo" or "name" that tune type) programs. An analysis of what ratio of CCTV programming, informational to entertainment, yields the greatest benefits for the patient is still unknown and needs further research. A field survey (Eastman & Regen, 1984) of hospital CCTV viewers did find that similar to commercial broadcast programs, content is a key variable for individuals viewing patterns. The researchers found that three types of informational programs were most frequently watched: baby care, hospital procedures, and research and treatment of disease. More evaluation research, with large sample sizes needs to be conducted, however, in evaluating the effectiveness of these programs to ensure that their development and maintenance is worth the investment. Additional research will undoubtedly validate the claims made here, as the tailoring of particular programming to specific needs can only relieve the stress and pain experienced by patients. Finally, it must be asserted that the real strength of demassification strategies in educating lies not only in the use of CCTV but in the way that health professionals interact with patients to establish the "care" in patient care.

Pre-operative counseling is still required in hospitals; with CCTV, the counseling is a richer experience since the basic questions have already been covered in the broadcast (Mancini & Santich, 1981). As stated by a staff member at a Cleveland area hospital, one-to-one patient-professional relationships remain a crucial link in effectively employing CCTV (Callaghan, 1981). Used as a tool for teaching patients, CCTV is seen as a

supplement to traditional methods of instruction, rather than as a substitution for the interpersonal interaction between the professional and patient. For health communication educators, determining and identifying the best methods for educating hospitalized patients is the challenge they face. What is certain though, with proper planning the promise CCTV holds for providing a well tailored diet of health informational programming is limitless.

References

American Hospital Association (1980). Use of CCTV by hospitals in their patient education program. Washington, DC. Center for Health Promotion, AHA/BHE Health Education Project, November.

Bandura, A., Ross, D, & Ross, S.A. (1963). Imitation of film-mediated aggressive models. Journal of Abnormal and Social Psychology, 66, 3-11.

Bulger, D. (1982). How to support a pregnant woman in less than 25 minutes. Instructional Innovator, 27, 26-27.

Bull, R.W., Lindquist, B.E. & Schroeder, D.H. (1980). Television puppet skits as a tool for modeling children's behavior. Hospital and Community Psychiatry, 31, 706-707.

Callaghan. A. (1981). (Cited in) Personal touch makes a difference at Cleveland area hospitals. Promoting Health, 2, 6.

Cardone, J. (1980). The values of a hospital CCTV system. Educational Industrial Television, 35-37.

Connell, J. (1981). The closed-circuit connection. Biomedical Communications, 9, 14-16.

Danna, S.R. (1980). Video at the University of Illinois Medical Center. Educational Industrial Television, 54-58.

Dolby, R., English, B., & Warren, B. (1982). Brazelton demonstration for mothers and fathers impact on the developing parent-infant relationship.

Paper presented at the International Conference on Infant Studies, Austin, TX, March.

Eastman, S.T. & Regen, D.L. (1984). Patient information channels: A field study of hospital CCTV viewers. Paper presented at the International Communication Association, San Francisco, CA, May.

Ellis, G.J., Vincent, D., & Jones-Webb, J. (1982). The role of television in early adolescent peer interaction. Paper presented at the Oklahoma Council on Family Relations, Oklahoma City, OK, April.

Friedrich, L.K. & Stein, A.H. (1973). Aggressive and prosocial television programs and the natural behavior of preschool children. Monographs of the Society for Research in Child Development, 38, (4), serial no. 151.

Guest-Lee, S. (1979). The development of CCTV with a medical school. Journal of Audiovisual Media in Medicine, 3, 23-26.

Myers-Walls, J.A. & Coward, R.T. (1981). Mass media: An under used resource for family life. Family Perspective, 15, 73-78.

O'Hair, H.D. (1982). Patient preferences for physician communication behavior: An analysis of treatment compliance strategies. Unpublished doctoral dissertation, The University of Oklahoma.

Richards, G. (1983). Lights, camera, action! Hospitals, September 16.

Rubinstein, E.A. (1978). Television and the young viewer. American Scientist, 66, 685-693.

Rubinstein, E.A. (1983). Television and behavior: Research conclusions of the 1982 NIMH report and their policy implications. American Psychologist, 38, 820-825.

Singer, J.L. & Singer, D.G. (1979). Television viewing, family style, and aggressive behavior in preschool children. Paper presented at the American Association for the Advancement of Science, Houston, TX, January.

Squyres, W.D. (1981). Closed-circuit television: The promise and the problems. Promoting Health, 2, 1 & 7.

Waldner, D.N., Albritton, W.L., & Kettner, R.B. (1983). Daytime television viewing by hospitalized children: The effect of alternative programming. Pediatrics, 71, 620-625.

Williams, F (1982). The communications revolution. Beverly Hills: Sage.

Worobey, J. & Worobey, J.L. (1982). Families in health care settings: Easing transitions with closed-circuit television. Family Perspective, 16, 117-122.

Worobey, J.L. & Worobey, J. (1983). Closed-circuit television in health care institutions: A case study analysis. Journal of the Oklahoma Speech-Communication Association, 6, 8-24.